State of Hawai`i
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch

Request for Proposals

RFP No. HTH- 100-06

Core HIV, STD and Viral Hepatitis Prevention Services in Maui County

March 16, 2010

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an RFP Interest form may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

March 16, 2010

REQUEST FOR PROPOSALS

CORE HIV PREVENTION SERVICES IN MAUI COUNTY
RFP No. HTH- 100-06

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV, STD and viral hepatitis prevention services to HIV-infected individuals, men who have sex with men, transgender individuals, and women at risk for HIV in Maui County. Services shall include primary prevention interventions for people living with HIV; HIV antibody counseling, testing and referral; and outreach. Services may also include individual- and group-level interventions. The contract term will be from January 1, 2011 through December 31, 2012. A single contract will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before May 4, 2010, or hand delivered no later than 4:30 p.m., Hawai`i Standard Time (HST), on May 4, 2010, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The STD/AIDS Prevention Branch will conduct an orientation March 24, at 2:00 p.m. in room 108, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are strongly encouraged to attend the orientation. Applicant can also join by calling toll free number 1-866-505-4121.

The deadline for submission of written questions is 4:30 p.m. HST on April 8, 2010. All written questions will receive a written response from the State on or about April 19, 2010.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Nighat Quadri at 3627 Kilauea Avenue #304, Honolulu, Hawai`i 96816, telephone: (808) 733-9281, fax: (808) 733-9291, e-mail: nighat.quadri@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: One original and four copies

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER **THAN May 4, 2010 and received by the state purchasing agency no later than 10 days from the submittal deadline**.

All Mail-ins

STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
3627 Kilauea Avenue, Room 306
Honolulu, HI 96816

DOH RFP COORDINATOR

Nighat Quadri
STD/AIDS Prevention Branch
Hawaii State Department of Health
3627 Kilauea Avenue, Room 304
Honolulu, HI 96816
(808)733-9281
(808)733-9291
Nighat.quadri@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), May 4, 2010**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., **May 4, 2010**.

Drop-off Sites

STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
3627 Kilauea Avenue, Room 306
Honolulu, HI 96816

RFP Table of Contents

Section 1 Administrative Overview

Section 2 - Service Specifications

Section 3 - Proposal Application Instructions

Section 4 – Proposal Evaluation

Section 5 – Attachments

Section 1

Administrative Overview

Section 1
Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Request for Information Meeting	January 8, 2010
Closing date for submission of written questions for written responses	January 19, 2010
State purchasing agency's response to applicant's written questions	February 3, 2010
Public notice announcing Request for Proposals (RFP)	March 16, 2010
Distribution of RFP	March 16, 2010
RFP orientation session	March 24, 2010
Closing date for submission of written questions for written responses	April 8, 2010
State purchasing agency's response to applicants' written questions	April 19, 2010
Proposal submittal deadline	May 4, 2010
Proposal evaluation period	June – August 2010
Provider selection	September 2010
Notice of statement of findings and decision	September 2010
Contract start date	January 1, 2010

II. Website Reference

The State Procurement Office (SPO) website is http://hawaii.gov/spo/

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS…"
2	RFP website	"Health and Human Services, Ch. 103F…" and "The RFP Website" (located under Quicklinks)
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F…" and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F…" and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F…" "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F…" and "For Private Providers" and "Protests"

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at http://hawaii.gov)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	**http://hawaii.gov/tax/** click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	**http://capitol.hawaii.gov/** click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	**http://hawaii.gov/dcca** click "Business Registration"
11	Campaign Spending Commission	**http://hawaii.gov/campaign**

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*:** Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch
Department of Health
State of Hawai`i
3627 Kilauea Avenue, Room 306
Honolulu, HI 96816
Telephone: (808) 733-9010; Fax: (808) 733-9015

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: March 24, 2010 **Time:** **2:00pm – 4:30pm**

Location: Diamond Head Health Center, 3627 Kilauea Avenue, Room 108, Honolulu

Applicants can also join the orientation session using the toll free number 1866-505-4121. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion.

However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the paragraph VII.

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: April 8, 2010 **Time:** 4:30 pm HST

State agency responses to applicant written questions will be provided by**:**

Date: April 19, 2010

VIII. Submission of Proposals

A. **Forms/Formats -** Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)**. Provides applicant proposal identification.

2. **Proposal Application Checklist**. Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)**. Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

B. **Program Specific Requirements**. Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.

C. **Multiple or Alternate Proposals**. Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

D. **Tax Clearance**. Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of $25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)

E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)

- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See part II, Website Reference.)

F. **Hawaii Compliance Express (HCE)**. Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The

"Certificate of Vendor Compliance" issued online through HCE provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section's part II. Website Reference for HCE's website address.

G. **Campaign Contributions by State and County Contractors**. Contractors are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)

H. **Confidential Information**. If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

I. **Proposal Submittal**. All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

IX. Discussions with Applicants

A. Prior to Submittal Deadline. Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. After Proposal Submittal Deadline - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

X. Opening of Proposals

Upon receipt of a proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

(1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)

(2) Rejection for inadequate accounting system. (HAR Section 3-141-202)

(3) Late proposals (HAR Section 3-143-603)

(4) Inadequate response to request for proposals (HAR Section 3-143-609)

(5) Proposal not responsive (HAR Section 3-143-610(a)(1))

(6) Applicant not responsible (HAR Section 3-143-610(a)(2))

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

(1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Chiyome Leinaala Fukino, M.D.	Name: Sharon Abe
Title: Director of Health	Title: Chief, administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu, HI 96801	Mailing Address: P.O. Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI	Business Address: 1250 Punchbowl Street Honolulu, HI 96801

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2
Service Specifications

I. Introduction

A. Overview, purpose or need

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai`i State Department of Health is to empower people in Hawai`i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV/STD and viral hepatitis services provided by the Hawai`i State Department of Health or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

The purpose of this procurement is to secure integrated and comprehensive HIV, STD and viral hepatitis services for priority HIV prevention populations which include HIV positive individuals, men who have sex with men (MSM), men who have sex with men and injection drug user (MSM/IDU), woman at risk, transgendered individuals and injection drug user (IDU) and the identified sub populations. The purpose of these services is to reduce transmission and acquisition of HIV, STD and viral hepatitis and to link those testing positive with appropriate care.

Integration of HIV/STD and viral hepatitis Services

In 2007, the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) began the Program Collaboration and Service Integration (PCSI) initiative and emphasized it as one of the three priorities for the Center. PCSI, as defined by CDC, is "a mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services". HIV, STD and viral hepatitis service integration at the client level is a priority of SAPB and is reflected in this RFP. This strong emphasis on integration of services and collaboration of community partners from CDC reflects the expectation from the SAPB that all

applicants' proposals shall **describe in detail how they plan to integrate STDs and viral hepatitis into their HIV prevention services.** This plan should not be merely an addition to the application, but integration should be referenced throughout as one of the core philosophies of comprehensive and client-centered HIV prevention services.

Following table shows SAPB defined levels of integration:

Level of Integration	**Explanation of Integration**	**Required Integration Services**
1. Comprehensive services provided through referral	Services that integrate STD and viral hepatitis counseling, testing, treatment and other services with HIV prevention services through referral to other providers.	*Onsite:* HIV and HCV CTR and all other HIV interventions as described in section 2. *Referrals:* • STD testing and treatment • hepatitis B testing • hepatitis A/B immunizations
2. Comprehensive services provided entirely by the agency and through referral	Services that integrate STD and viral hepatitis counseling, testing, treatment and other services with HIV prevention services provided both directly by the agency and through referral to other providers	*Onsite:* HIV and HCV CTR and all other HIV interventions as described in section 2 and at least one other integrated service: • STD testing and treatment • hepatitis B testing • hepatitis A/B immunizations *Referrals:* Whichever integrated service(s) that are not conducted onsite
3. Comprehensive services provided entirely by the agency	Services that integrate STD and viral hepatitis counseling, testing, treatment and other services with HIV prevention services provided directly by the agency.	*Onsite:* HIV and HCV CTR and all other HIV interventions as described in section 2 and • STD testing and treatment • hepatitis B testing • hepatitis A/B immunizations

This RFP requires agencies to provide HIV, STD and viral hepatitis prevention services at one of the three levels of integration listed above. The intention is that individuals at-risk for acquiring or transmitting HIV be offered and provided access to these integrated and comprehensive services ideally onsite but at a minimum through referral. Integration is a core component of this RFP and the integration plan will constitute a significant portion of the applicant's score. Applicants may use funding through this contract to provide STD testing and treatment and viral hepatitis services.

B. Planning activities conducted in preparation for this RFP

Extensive internal SAPB meetings have been held to discuss the development of this RFP. Topics at the meeting included goals and objectives and specific information data related to HIV/STD and viral hepatitis prevention interventions of this RFP.

An RFI meeting was held on January 8, 2010. It was a two hour long meeting attended by some providers. Two written comments were submitted and oral comments were integrated into this RFP as applicable.

The following data/reports were used for development of this RFP**:**

- 2008 "Comprehensive HIV Prevention Plan for Hawai'i" Hawai'i Department of Health.
- "Institute of Medicine's Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C"
- 2009 "CDC's White Paper on Program Collaboration and Service Integration"
- 2008 HIV/AIDS Surveillance reports
- 2007 Hawai'i HIV/AIDS Epidemiologic profile – HIV/AIDS Prevention Branch – Department of Health
- Quarterly Reports from the Contracted agency providing HIV prevention services for individuals at risk.
- "Primary Prevention Needs for People Living with HIV in Hawai`i" (Bopp et al. 2002) is available from the SAPB.
- "Hawai`i's Work Plan for Primary and Secondary HIV Prevention Work with HIV-Positive People and their Partners" (White, 2004) is available from the SAPB.

All of these documents can be obtained by contacting STD/AIDS Prevention Branch at (808) 733-9010.

Resources and information listed in this RFP provide a general overview of the population to be served and the interventions to be implemented, but they are not sufficient for proposal development. The websites provided here and throughout Section 2 should be reviewed, as they provide enhanced information and data related to topics addressed and interventions to be proposed through this RFP:

- Centers for Disease Control and Prevention (CDC) main HIV/STD/hepatitis website:

  http://www.cdc.gov/hiv/

  http://www.cdc.gov/std/

  http://www.cdc.gov/hepatitis/

- Centers for Disease Control and Prevention (CDC) White Paper on Program Collaboration and Service Integration Website

  http://www.cdc.gov/nchhstp/programintegration/Default.htm

- CDC website for the publication of *Morbidity and Mortality Weekly Report* (MMWR):

  http://www.cdc.gov/mmwr/

- SAPB website:

  http://hawaii.gov/health/healthy-lifestyles/std-aids/index.html

Other website addresses will be provided throughout Section 2, as appropriate. Applicant should refer to these websites for more detailed information regarding interventions they plan to propose.

C. Description of the goals of the service

Services are intended to increase knowledge of status and reduce the frequency of HIV/STD/hepatitis risk behaviors among the indicated populations on Maui County through required services such as primary prevention interventions for people living with HIV, HIV and hepatitis C counseling, testing and referral, outreach, partner services, provision and/or referral of STDs and viral hepatitis services and certain allowable services - evidence based Interventions (EBI) such as SISTA. Services will help ensure all individuals testing positive for HIV, STD or viral hepatitis will access care and treatment.

D. Description of the target populations to be served

The STATE seeks services for the priority populations identified by the Hawai`i State HIV Care and Prevention Community Planning Group (CPG) in the 2008 Comprehensive HIV Prevention Plan for Hawai`i ("The Plan"). Services shall be provided to:

1. Persons living with HIV and their partners.

As stated in the Plan, people living with HIV are the highest priority population for HIV prevention services. The "Prevention for Positives" (P4P) services requested herein aim to reduce new HIV infections by assisting individuals in reducing their risk of transmitting HIV to others. Given that many individuals living with HIV may not need care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others, P4P services must not be limited only to clients of a provider's care case management services, and agencies must make P4P services available outside of the agency. P4P also include stopping the progression of disease by ensuring STD and viral hepatitis services and linking positives with medical care and treatment as appropriate. Partner services are an integral part of P4P.

All available data indicates clearly that the majority of HIV positive individuals in all areas of the state are MSM. Therefore the bulk of P4P clients will most likely be MSM, and P4P programs must be designed accordingly. Programs must also, however, be prepared to provide P4P services to any HIV positive individuals who are at risk for transmitting HIV and who are not MSM.

Most individuals living with HIV are also members of the other priority populations such as women at risk. When appropriate, services to each of the other priority populations should be inclusive of individuals within that population who are living with HIV.

2. Men who have sex with men (MSM) and their partners

MSM represent the majority of persons living with HIV in Hawai`i. This priority population includes both adult and young MSM, and men who identify themselves as gay or bisexual, as well as MSM who do not identify as gay or bisexual. In providing the requested services to MSM, particular attention must be paid to MSM who have female sexual partners, and to reducing risk to these female partners.

3. Men who have sex with men and inject drugs (MSM/IDU) and their partners

While the population of MSM/IDU may be small, their HIV risk is often extremely high. This RFP does not require services that are

specifically designed to reach MSM/IDU. However, P4P services, and services for MSM must be inclusive of MSM/IDU. P4P and MSM services that are provided to MSM/IDU must address injection-related risk, and every effort must be made to ensure that these individuals are linked with syringe exchange services.

4. Injecting drug users (IDU) and their partners

This includes male, female and transgender IDU of all ages. While the STATE provides comprehensive HIV prevention services to IDU through the statewide syringe exchange program, this RFP supports HIV counseling and testing to IDU. In addition, all SAPB-funded providers shall make every effort to link clients with injection-related risk to the syringe exchange program.

5. Women at risk and their partners

This includes both young and adult women. Services to women must focus on women who inject drugs; exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU and women who have active STDs.

6. Transgender individuals (TG) at risk and their partners

For the purposes of these services, TG is used to refer to individuals who were born biologically male and do not currently identify themselves as male, also referred to as male to female (MTF) TG. This priority population includes both adult and young TG. For purposes of this RFP all TGs are at risk.

7. Additional target populations

Services are to be provided only to individuals within the priority populations and sub-groups who are at risk for contracting or transmitting HIV/STD and hepatitis. Services must prioritize individuals who are engaging in behaviors with the greatest risk for contracting or transmitting HIV. CPG identified five sub-populations during the prioritization of target populations (in no particular order): heterosexual men who put women at risk, youth at risk, drug users other than IDUs, individuals with hepatitis B and/or C and persons who are houseless/homeless.

Behaviors understood to place individuals at highest risk for contracting or transmitting HIV are:

- vaginal or anal sex, without the proper use of a condom, with an individual of opposite serostatus, or with an individual of unknown serostatus when one of the individuals is at high risk for HIV (he/she is MSM, IDU, TG, or has other partners who are HIV-positive or are members of those groups);
- sharing drug injection equipment; and
- vaginal sex without the proper use of a condom, between two HIV-positive individuals when there is the possibility of pregnancy.

E. Geographic coverage of service

Maui County

F. Probable funding amounts, source, and period of availability

Probable funding: Total funding of $208,167 each fiscal year (pending availability of funds). Of the total contract funding $4,425.00 must be used exclusively for purchase of HIV rapid test kits, controls, and supplies. Applicant can purchase 300 rapid tests at the rate of $13.50 = $4,050 and 10 Controls at the rate of $30 = $300. SAPB is working on a new procurement of rapid test kits that may allow the applicant to purchase rapid test kits at a lower price than used for calculations above. This will potentially allow applicant to buy more kits with the same level of funding. This information will be provided to contractor agency when available.

Additional HIV rapid test kits will be provided by SAPB if/when contracted agency has exhausted the supply purchased with the funds specified above. Thus, the total number of tests to be proposed by the applicant may exceed the initial funding provided for purchase of HIV rapid test kits.

The agency that is awarded the contract to provide services described in this RFP may, with the prior written consent of SAPB, sub-contact a portion of the service delivery to another agency. Full responsibility for meeting the terms of the contract will remain with the original contracted agency. The details of a proposed sub-contract should be laid out in the application responding to the RFP

but may also be provided for the consideration and approval of SAPB at a later date.

Source of funds: 100 % Federal Funding
Availability: 1/1/11-12/31/12 with the option to extend up to two additional twenty-four month periods, ending no later than December 31, 2016.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation
None

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards: Not Applicable to this RFP

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract:	1/1/11- 12/31/12
Length of each extension:	twenty-four months
Number of extensions possible:	two
Maximum length of contract:	sixty months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: extension must be in writing and must be executed prior to expiration of the initial contract term.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, paragraph I (Procurement Timetable) of this RFP.

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STD/AIDS Prevention Branch
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III. Scope of Work

The scope of work encompasses the following tasks and responsibilities, some of these services are required or mandatory and some of the activities are optional or allowable:

A. Required Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The STATE seeks HIV/STD/hepatitis prevention services that are consistent with the recommendations made by the Hawai`i State HIV Prevention Community Planning Group (CPG) in the 2008 Comprehensive HIV Care and Prevention Plan for Hawai`i ("The Plan"). Services sought under this RFP include the following services to be provided to the described population. The requested services represent interventions identified in the Plan as being critical for preventing the greatest number of new HIV infections; the described populations represent populations prioritized in the Plan.

1. HIV and Hepatitis C Virus (HCV) Antibody Counseling, Testing and Referral Services (CTR):

HIV CTR is a core component of HIV prevention services for individuals at risk for HIV, and hepatitis C CTR is an adjunct service offered to individuals at risk for hepatitis C. HIV CTR should be based on CDC's MMWR (Morbidity and Mortality Weekly Report) publication on *Revised*

Guidelines for HIV Counseling, Testing, and Referral (2001/50 RR19;1-58). HCV CTR should be based on CDC's MMWR publication on *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease* (1998/47RR-19:1-39). See Attachment F. These documents can be found at the following websites:

- *Revised Guidelines for HIV Counseling, Testing and Referral:* http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm

- *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease:* http://www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm

It is critical that individuals who are HIV or HCV positive learn their status. Individuals who find out that they are living with HIV or HCV can access medical interventions to maintain their health and can take steps to reduce their risk of transmitting HIV or HCV to others. Individuals with current high risk behaviors who test HIV or HCV negative can receive risk reduction counseling to support them in reducing or eliminating their current high-risk behaviors and be encouraged to re-test at appropriate intervals.

Partner Services (PS) is a priority prevention service because partners of HIV positive individuals are potentially at highest risk for acquiring HIV. Contractors shall link all newly diagnosed positive individuals to PS to be provided by SAPB staff.

Another integral part of CTR pertains to ensuring that all HIV positive individuals are aware of and linked with case management and support services, medical care and treatment as appropriate.

HIV and HCV CTR is a required activity.

a. **HIV and hepatitis C Counseling, Testing and Referral Services (CTR) Requirements and Responsibilities:**

CTR services are a fundamental component of this RFP. The expectation is that CTR services will be provided to as many individuals at-risk as possible so they can learn their HIV status and receive as appropriate, other services such as STD/hepatitis C screening and hepatitis A and B vaccinations.

CTR must be conducted in accordance with SAPB CTR policies and procedures and may only be conducted by individuals who have been SAPB trained and maintain current certification and are available to perform CTR (see section B.1.a."Staffing").

CTR PROGRAMS MUST MAINTAIN HIGH RATES OF RESULTS DISCLOSURE. APPLICANT SHALL INITIATE CTR WITHIN THREE MONTHS OF THE START OF THE CONTRACT. APPLICANTS SHALL USE SAPB APPROVED HIV TEST TECHNOLOGY FOR CTR.

The contractor is required to purchase rapid test kits, controls, and supplies using funding specified in this RFP. Additional HIV test kits will be made available by SAPB to the contracted agency if/when the purchased kits are used. SAPB will pay for processing of confirmatory tests for preliminary positive cases through the state laboratory or a SAPB approved private lab.

The contractor may choose the testing technology for HCV CTR and have it approved by the SAPB Hepatitis C Coordinator. SAPB shall purchase and provide HCV CTR supplies to the agency.

Prior to implementing HIV rapid testing the contracted agency shall develop CTR policies and procedures. These must be reviewed and approved by SAPB prior to implementing services. All staff training and quality assurance measures have been implemented by the contracted agency.

The SAPB HIV testing coordinator and SAPB Hepatitis C Coordinator will be available to support agencies in implementing effective, appropriate rapid CTR services.

CDC CTR website:
http://www.cdc.gov/hiv/topics/testing/

http://www.cdc.gov/hiv/topics/testing/rapid/index.html

b. Additional CTR requirements after individuals test HIV positive:

For newly diagnosed HIV positive individuals additional CTR services shall include linkage to partner services (PS), HIV care case management, medical care, Prevention for Positives (P4P), and other appropriate services for individuals living with HIV.

Partner Services (PS), formerly known as Partner Counseling and Referral Services (PCRS), is a high priority HIV prevention activity. PS are critical for the partners of individuals testing positive for HIV because they are potentially at the highest risk of acquiring HIV. They need to be provided with the opportunity to learn their sero-status and access appropriate services. PS include

partner elicitation and partner notification. Through PS, partners are informed of their exposure or possible exposure to HIV. Notified partners are encouraged and counseled to be tested and to receive a full range of HIV, STD and viral hepatitis prevention services. In addition, partners testing positive for HIV, STD or viral hepatitis should be linked with medical care and appropriate treatment and support services.

Contracted agency shall be responsible for linking newly diagnosed HIV positive individuals to designated SAPB staff for the provision of PS. All PS related activities shall be provided in full accordance with SAPB PS policies and procedures. These are currently being reviewed by the SAPB and will be made available to contracted agencies when available.

The applicant must explain in detail their system for linking newly diagnosed HIV positive individuals with HIV case management, medical care and other appropriate services. The applicant should explain in detail the process for linkage and the procedures for follow up.

2. Services to HIV positive individuals and their partners

HIV prevention services to HIV positive individuals are known as Prevention for Positives (P4P) services in Hawai'i. The number one priority of P4P is to ensure HIV positive individuals are linked with medical care and treatment as appropriate and are adherent to the medications. In addition, positive individuals need to be screened and if necessary treated for STD and receive viral hepatitis services. P4P services aim to reduce new HIV infections primarily by assisting HIV positive individuals to reduce their risk of transmitting HIV to others, and by providing services to their partners to reduce their risk of acquiring HIV.

P4P services are to be provided to individuals living with or newly testing positive for HIV. Some individuals living with HIV may enroll for care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others. P4P services must not be limited only to clients of case management services. A**gencies must make also P4P services available to HIV positive individuals who are not already clients/patients of their agency. Selection of staff to provide P4P services is at the discretion of the contracted agency and can be provided by any appropriate and trained agency staff including case managers, nurses or social workers etc.**

CDC P4P website:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm

a. Interventions for P4P:

For this RFP applicants need to propose P4P interventions that they consider effective, theoretically sound, and appropriate. At least one P4P intervention must be indicated. The interventions may be created by the applicants themselves and/or be traditional interventions such as P4P IDI. A detailed description of the intervention; the intervention's link to evidence of effectiveness; protocol and procedure of the intervention; essential features of the intervention; details of the intervention implementation, such as duration and frequency of activities of each intervention, number of sessions, etc.; HIV prevention-related skills that will be addressed through the intervention; intended results of the intervention; etc. The intervention must include activities to build appropriate skills the client can use in reducing their risk such as disclosing their status to their partners, medication adherence, negotiation skills and other risk reduction strategies.

Other information on components of the interventions is requested in this RFP; consult Section 3 of this RFP for further information.

P4P intervention is a required activity.

b. Outreach to physicians and community agencies for P4P recruitment:

Contracted agency staff shall actively engage in outreach and recruitment efforts in their respective communities to link with and recruit potential HIV+ clients. These outreach and recruitment activities shall occur with physicians' offices and with community agencies. Contracted agency shall prioritize collaborations with physicians who provide services for HIV+ clients. Contracted agency will also identify community agencies that may serve clientele who are HIV+, such as community health clinics, other community clinics (such as those that provide social services), drug clinics, homeless shelters and other such sites. Outreach and recruitment to physicians and community agencies may include activities such as making risk reduction materials available, providing information on HIV, viral hepatitis and STD risk. Information can be provided on how physicians might refer patients testing HIV positive to the contracted agency for relevant services.

c. Coordination with Case Management:

In providing services to HIV positive individuals, the contracted agency's prevention staff shall coordinate with case management providers to ensure that clients receive the most comprehensive and appropriate services possible. There should be ongoing communication between the supervisors of HIV prevention and case management services. Trainings and in-service workshops should be held for outreach workers and line workers to ensure that staffs of both programs are aware of the need to access both prevention and case management services for HIV positive clients.

3. Public Sex Environment (PSE) Outreach to MSM (including MSM/IDU)

Extensive outreach in PSEs shall be conducted to reach MSM and engage them in services. PSEs are locations that can vary greatly but might include parks and beaches that are frequented by men seeking sexual contacts with other men and are the sites of at least some sexual activity among men. Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, viral hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages, as appropriate, to CTR, STD and hepatitis C screening and treatment, hepatitis A and B vaccinations, and P4P services. Importantly, outreach to MSM also includes outreach to HIV positive individuals who are not in medical care and treatment and provision of support to help them access these services.

4. Outreach to TG and Women at Risk

Outreach shall be conducted to reach TG and women at risk and engage them in services. Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, viral hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages, as appropriate, to CTR, STD and hepatitis C testing and treatment, hepatitis A and B vaccinations, and P4P services. Importantly, outreach to TGs and women at risk include outreach to HIV positive individuals who are not in medical care/treatment and provision of support to help them access these services.

Outreach to MSM, women and transgenders are required activities.

CDC Outreach website:

http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pdf/pro_guidance_recruitment.pdf

5. Internet Outreach

A maximum of 25% of the total outreach proposed by the contractor may be conducted in Maui County via Internet chat rooms, social networks and other online communities. Internet outreach shall target individuals who are HIV positive or are at risk for HIV such as MSM. Internet outreach is a *virtual interaction between an STD/HIV prevention professional, such as an outreach worker, and a person or persons at risk for STDs, HIV or hepatitis for the purpose of providing STD/HIV or viral hepatitis related: health information and education, referral and access to services, recruitment for testing and treatment, and support for reducing risk behaviors.* This outreach must make every attempt to focus narrowly on individuals at risk in the geographic area of service. This outreach involves providing information on HIV, STD and hepatitis risk, providing brief harm reduction-based counseling, providing information on and encouragement to access CTR, STD and hepatitis C testing and treatment, and hepatitis A and B vaccinations as appropriate. Referrals to in-person services such as P4P, CTR, and syringe exchange should be made as appropriate and when possible. Applicant shall develop policies and procedures for implementing internet outreach in consultation with SAPB before starting the services.

National Coalition of STD Directors internet outreach document:

http://www.ncsddc.org/upload/wysiwyg/documents/IGO.pdf

6. Referral:

A referral occurs when the referring provider (outreach worker) spends one-on-one time with an at-risk client. The outreach worker provides information to the client that will potentially link the client to an appropriate service provider or agency through a series of steps that encourages the client to access services at the referral agency. Applicant will develop a referral tracking system.

CDC Referral website:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm

If an agency is proposing to provide referrals/linkages to outside sources for clients to obtain STD and or hepatitis or any other services, the applicant shall explain in detail their referral system including but not limited to copy of referral form, referral tracking system, referral follow-up plan and a list of DOH programs for referral such as, Family planning for chlamydia testing, SAPB community partners and other community agencies which will provide the STD and hepatitis services. Referral should be first made to client's health care provider at no cost to Health Department. If the client

does not have health insurance coverage then they should be referred to Health Department partner agencies in the community that provide STD testing and hepatitis A and B immunizations. The client may also potentially be referred to SAPB counselor and tester.

Applicant should attach a Memorandum of Understanding, Letter of Intent or a Letter of Support with each of these referral agencies that clearly delineates responsibilities, services and procedures.

a. STD Services

Many individuals at-risk for sexually transmitting or contracting HIV may also be at-risk for transmitting or contracting other sexually transmitted diseases. Testing for and treatment of syphilis, gonorrhea and chlamydia not only improves the health of those infected and prevents further spread of these diseases, but may also play a significant role in reducing the spread of HIV. CDC recommends that testing for individuals at-risk should be based on assessment of risk. Appropriate clients should be informed about STD risks and the importance of STD testing, and should be encouraged to accessing STD testing by their healthcare provider. For clients without provider or health care insurance may be referred to alternative STD testing sites such as DOH supported STD testing programs provided by partner agencies and community health centers. Referral can also be made to SAPB counselors and testers if no other options are available. Applicant agency will preferably provide STD testing for syphilis, chlamydia and gonorrhea services on-site or develop strong collaboration with other community health care partners who provide the clinical services. Linkages to STD testing and treatment should be incorporated into HIV prevention efforts for appropriate clients who are unable to access STD testing through their healthcare provider. SAPB may facilitate training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

Provision of STD services on-site or referral of clients to STD services is a required activity.

CDC STD website:
http://www.cdc.gov/std/research/default.htm

b. Viral Hepatitis Services

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting viral hepatitis. The

U.S. Public Health Service highly recommends that people living with HIV be screened for hepatitis B and C and receive hepatitis A and B vaccinations. The CDC highly recommends that IDU be screened for hepatitis B and C; MSM should be screened for hepatitis B; MSM and IDUs should receive hepatitis A and B vaccinations; and individuals from other populations be screened for hepatitis C and receive hepatitis A and B vaccinations as indicated by risk assessment. At-risk clients should be offered hepatitis C testing on-site and if possible, hepatitis B testing and hepatitis A and B immunizations as well. If hepatitis B testing and hepatitis A and/or B immunizations are not offered on site, referrals must be made for clients at-risk. Hepatitis B testing and vaccinations for hepatitis A and B are available through the Department of Health counselor and tester(s) in each county. The SAPB Hepatitis C Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention activities into HIV prevention programs. **Testing for hepatitis C on-site and referrals for viral hepatitis A and B vaccination and testing for hepatitis B are required activities. Please see appendix F for a list of recommendations on target populations for hepatitis B and C testing and hepatitis A and B immunizations.**

Viral hepatitis websites:
www.cdc.gov/hepatitis
www.hcvadvocate.org

c. Referral to Case Management and Other Services

As appropriate, prevention outreach workers will ensure that HIV positive clients are provided referrals to case management services and other support and social services to help ensure access to necessary medical, housing and other supportive services.

B. Allowable but not required services:

The "allowable service activities" described in this section represent interventions given a medium priority in the Plan. These interventions were prioritized higher than other interventions that will not be funded, but lower than the interventions required above. The limited resources available in this RFP are insufficient to support all of these allowable service activities in addition to the required service activities. Applicants may propose to provide only the required activities, or may propose to provide a maximum of two allowable activities in addition to the required activities. The selection of allowable activities should be based on the needs of the community, resources available, and agency capacity.

This RFP supports interventions with demonstrated evidence of effectiveness in reducing HIV risk behaviors. There are several resources available that provide information on interventions that have been **researched and proven to be effective in reducing HIV risk behaviors**. These resources recommend interventions designed for specific at-risk groups targeted for services in this RFP. They also provide justification for utilizing a specific intervention with a particular target population. These interventions also offer detailed guidance on specific steps that should be taken in order to ensure that the intervention is implemented effectively.

The websites cited below provide resources for interventions that have been proven via research to be effective in reducing HIV risk behaviors for specific target populations. If you are utilizing any of these interventions in your proposal, you may cite the research that has been done on these interventions to provide evidence that they will have an impact on the at-risk group that you are addressing through implementation of that intervention.

You may utilize information provided in the research to respond to information requested in the RFP, such as: intervention description; the intervention's link to evidence of effectiveness; protocol and procedure of the intervention; essential features of the intervention; details of the intervention implementation, such as duration and frequency of activities of each intervention, number of sessions, etc.; HIV prevention-related skills that will be addressed through the intervention; intended results of the intervention; etc.

Other information on components of the interventions is requested in this RFP; consult Section 3 of this RFP for further information.

Similarly, if you are selecting interventions with proven evidence of effectiveness that you plan to **tailor or adapt** regarding (for example) changes in who receives the intervention or where it is delivered, this information must be provided in your proposal. **Further information on adapting or tailoring an intervention is provided in the "Definitions" section of this RFP (Attachment C) and in the websites below.**

Listed below are some of the websites for interventions proven to be effective in reducing HIV risk behaviors for specific target populations.

www.cdc.gov/hiv/projects/rep/default.htm - The CDC website for the DEBI interventions (Diffusion of Effective Behavioral Interventions). The term "DEBI" refers to the collection of interventions that have been proven by CDC, via research, to be effective in addressing HIV prevention among specific, at-risk groups.

www.cdc.gov/hiv/projects/rep/compend.htm - CDC's website for the Compendium of HIV Prevention Interventions with Evidence of Effectiveness, another group of interventions proven to be effective in addressing HIV risks among target populations.

http://www.mcw.edu/display/router.asp?docid=6269 – The website of the Medical College of Wisconsin's Center for AIDS Intervention Research (CAIR). The "Partners in Prevention" manuals found on this website address two at-risk groups: MSM and women. The manuals were developed in an attempt to fill the gap between HIV prevention research findings and applied practice in community settings.

http://www.caps.ucsf.edu/projectindex.html - This website is the product of CAPS, the Center for AIDS Prevention Studies at the University of California at San Francisco (UCSF). It contains information on HIV prevention programs have been designed by CAPS researchers and have either been evaluated or are in the process of evaluation. CAPS research addresses several at-risk groups, including MSM, TG and IDU.

www.effectiveinterventions.org – The website on the DEBI interventions managed by the Academy for Educational Development (AED), a national organization funded by CDC to provide technical assistance on HIV prevention and related issues.

www.utsouthwestern.edu/preventiontoolbox - The website of the University of Texas Southwestern that provides information on the DEBI interventions.

You may be familiar with other resources and websites that contain information on interventions proven to be effective in reducing HIV risk behaviors. If so, you may propose interventions utilizing this information. You must supply all the information related to the intervention that is requested in Section 3 of this RFP.

An applicant can propose to implement maximum of two allowable services from the following:

a. Interventions Delivered to Groups (IDG), formerly called Group Level Interventions (GLI)

IDG aim to change individuals' behaviors in group settings. IDG is a multiple session intervention that includes risk reduction information and skills building components. In IDG, interaction takes place not only between individual participants and the provider, but also among participants. Whenever possible and appropriate, IDG activities shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C testing and treatment, and hepatitis A and B vaccinations.

b. IDG for MSM, TG and/or Women at Risk

IDG, as described above, may be provided to MSM, TG and/or women at risk. For individuals participating in IDG who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and CTR should be made available in conjunction with the IDG delivery. Whenever possible and appropriate, IDG activities shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C testing and treatment, and hepatitis A and B vaccinations.

c. Interventions Delivered to Individuals (IDI), formerly called Individual Level Interventions (ILI), for high risk negative MSM/IDU, MSM, TG and/or Women

IDI - IDI focus directly on changing HIV-risk related behaviors. IDI is a multiple session intervention with a completed intervention considered to be at least three sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce her/his risk for transmitting HIV to others. The intervention must include activities to build appropriate skills the client can use in reducing their risk. IDI shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C testing and treatment, and hepatitis A and B vaccinations for appropriate clients. To meet the needs of the client, IDI services must be available outside of provider agency's office, and must include recruitment activities.

IDI may be provided to MSM/IDU, MSM, TG and/or women who are HIV negative or who are unaware of their status and who exchange sex for money or drugs; inject drug; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU. For individuals in IDI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encourage and supported in accessing CTR, and retesting at appropriate

intervals. IDI shall also include information about STDs and viral hepatitis, and linkages to STD and hepatitis C testing and treatment, and hepatitis A and B vaccinations for appropriate clients.

C. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

a. Staffing

Services requested in this RFP shall be provided by a minimum of **3.0 FTE** prevention workers for the provision of direct services.

b. Staff Training and Development

Applicant shall insure that:

(1) **HIV/HCV Counselor/Tester Certification**. All outreach staff shall maintain current HIV/HCV counselor/tester certifications. Certification and training shall be provided by SAPB.

(2) **Program Monitoring and Evaluation Requirements:** The contracted agency complete all SAPB mandated training and technical assistance requirements pertaining to program monitoring and evaluation. Such training and technical assistance will be provided by SAPB contracted and/or SAPB staff and will include training sessions, as well as technical assistance and quality assurance site visits. The contracted agency shall also assist with scheduling and logistics of organizing these activities at their agency.

(3) **Outreach Worker Meeting/Training Requirements:** These meetings provide outreach workers with information, skills building and opportunities to share strategies with other outreach workers. Program staff shall participate in one two day outreach workers meeting on O`ahu. This two day meeting shall have skill building component and focus group discussions and trainings for outreach workers providing services to MSM, women at risk, transgender at risk and individuals living with HIV. Additional meetings shall be held by conference call or webinar. All prevention staff that is 1 FTE funded through this prevention contract shall attend these meetings. All other staff is encouraged to participate in these meetings. Staff attendance and program representation at each outreach worker meeting shall be reported to the SAPB in the quarterly program reports. Expenses related to staff time, hotel, inter-island and ground transportation for attendance at O`ahu meeting shall be the responsibility of the

contracted agency and should be reflected in the proposed budget.

(4) **HIV Prevention Worker Coalition Requirements:** There will be an annual HIV Prevention Worker Coalition meeting. All prevention staff that is 1 FTE (full time) funded through this prevention contract shall attend this meeting. All staff who is less than 1 FTE is encouraged to participate in these meetings. Staff attendance and program representation at this meeting shall be reported to the SAPB in the quarterly program reports. Expenses related to staff time, inter-island and ground transportation for attendance at this O`ahu meeting shall be the responsibility of the contracted agency and should be reflected in the proposed budget.

(5) **New Staff Training Requirements:** new staff members receive initial training within sixty (60) days of employment. This training shall ensure that they:

(a) have correct factual knowledge of HIV, STDs and hepatitis, including:
   i. history and epidemiology of the HIV epidemic
   ii. biology of HIV
   iii. modes of HIV transmission
   iv. information on STDs
   v. information on hepatitis A, B & C
   vi. populations at risk for HIV
   vii. utilizing theories of behavioral interventions
   viii. treatment of HIV infection
   ix. community resources statewide
   x. HIV antibody counseling and testing sites statewide

(b) understand clearly the populations to be served under this contract

(c) understand the purposes of activities they will be implementing

(d) are oriented to behavioral interventions

(e) understand basic methods and uses of evaluation

(f) are familiar with the specific requirements of the contract.

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency. Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports;

(6) **Outreach Training Requirements:** all prevention workers shall receive appropriate training on an on-going basis. SAPB will provide various types of training to the staff of agencies contracted to provide HIV prevention services under this and other RFPs. During each year of the contract and in addition to activities

required above in items (1)-(4), each prevention worker working more than .5 FTE shall complete a minimum of two days of SAPB-approved training, and each prevention worker working .5 FTE or less shall complete a minimum of one day of SAPB-approved training. Completion of training requires attendance for the entire duration of a training course. Attendance at part of a scheduled training does not fulfill all or part of this contractual obligation. Completion of training by each staff member shall be reported in an ongoing manner to the SAPB in the quarterly program reports.

2. Administrative

Applicant shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

a. fiscal or accounting policies and procedures, or both;
b. written personnel policies and procedures;
c. written program policies and procedures;
d. written policies required by applicable federal, state, or county laws; and
e. client and employee grievance policies and procedures.

3. Program Monitoring and Evaluation

Program monitoring and evaluation requirements and activities focus on results by:
a. managing and measuring program performance;
b. improving the quality of prevention programs;
c. promoting accountability.

Specific program monitoring and evaluation activities will include:

1. PEMS (Program Evaluation and Monitoring System):
The contracted agency will be required to use the Program Evaluation and Monitoring System (PEMS). PEMS is a comprehensive confidential data web-based collection system developed by the CDC. This data collection and reporting system supports standardized data collection, reporting, analysis, and delivery of HIV prevention programs. Pursuant to CDC funding requirements, PEMS data collection and reporting is required for all HIV prevention services supported with CDC funds. SAPB will provide the needed the data collection and reporting forms, as well as the needed training and ongoing technical assistance.

2. ***Program Performance Indicators:***
Program Performance Indicators will be integrated into the contract and reporting requirements. Their purpose is to monitor progress in critical areas of the contracted prevention services and to improve performance and accountability of the contracted agency and of the Hawaii program in reports to CDC. Most of the Performance Indicator data will be collected and reported using PEMS. The contract based on this RFP will operationalize the Performance Indicators as objectives for each intervention. The applicant shall use the objectives provided in Section 3 of Proposal Application. The applicant is required to propose objectives by filling in appropriate numbers for each objective, reflecting realistic goals. The contracted agency will be monitored and evaluated based on its performance on objectives on an ongoing basis during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

3. ***Other:***
In the event the selected agency undertakes additional evaluation activities not required by SAPB, these activities shall be discussed with and approved by SAPB before implementation.

4. Experience

Not applicable

5. Coordination of services

a. Coordinate with SAPB Programs and other Community based Programs:

Coordination of services is a critical component in addressing the risk of individuals who are HIV positive for co-infection with other STDs. The provider shall coordinate services with SAPB, other SAPB contractors serving the target population(s), the SAPB CTR and Partner Services programs, Health Education and Risk Reduction program, and the SAPB Hepatitis C Coordinator to address these critical needs. Provider shall also coordinate services with agencies that will be utilized in providing services to clients.

6. Reporting requirements for program and fiscal data

a. PEMS data:
The contracted agency shall collect PEMS data for all

interventions funded with this RFP. These data will include client-level data for CTR and IDI interventions, and aggregate data for Outreach and IDG interventions. The contractor will also be responsible for inputting their data into the PEMS data system and quality assurance. A SAPB PEMS Administrator and Implementation Lead will provide the needed training and ongoing technical assistance, including via regular site visits.

b. Quarterly Reports:

Provide the State with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall consist of:

(1) a **budget report** indicating expenses incurred;

(2) a **table** indicating the provider's quarterly and year-to-date progress on contract objectives;

(3) A **table** indicating the funded positions and staff members working under the contract and the FTE information.

(4) **a narrative report** that must include a description of progress on meeting contract objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter. **The narrative should also specifically address barriers to implementing services as planned and meeting objectives, modifications to service delivery, and any other points that might provide an understanding of the program.** As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised;

(5) any additional information requested by SAPB to satisfy program monitoring requirements.

c. Annual/Final Reports:

Provide the State with an annual or final written report within thirty (30) days after the end of the fiscal year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements and program objectives, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. **An annual report is required at the end of each fiscal year of an ongoing contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period.** Final and annual reports are required in addition to quarterly reports; at the

end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

d. Annual Site visit:
Applicant will host an annual site visit by SAPB program staff. The applicant's Prevention Supervisor shall be available for this one on-site visit for evaluation and monitoring of prevention program by SAPB staff. Executive Director and agency outreach staff shall be available for the site visit, as requested by SAPB program staff. Agency staff will also be available for other site visits and/or conference calls as deemed necessary by SAPB Program staff.

e. Program Review Panel (PRP):
Any materials or curricula obtained, developed, or distributed by the applicant shall be submitted to the Hawai`i PRP for approval prior to use.

The applicant shall ensure adherence to the requirements of the PRP, a Hawai`i -based group of individuals facilitated by SAPB staff and mandated by CDC to ensure that media developed and/or utilized by the applicant contains appropriate messages designed to communicate with various community-based groups.

Program Review Panel website:
http://www.cdc.gov/od/pgo/forms/hiv.htm

C. Facilities
Not applicable

IV. COMPENSATION AND METHOD OF PAYMENT

Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. Applicant budget should reflect cost of purchasing rapid testing kits, controls and supplies. Of the total contract funding $4,425.00 must be used exclusively for purchase of HIV rapid test kits, controls, and supplies.

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being proposed.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that its staff has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

Applicant will host an annual site visit by SAPB program staff. The applicant's Prevention Supervisor shall be available for this one on-site visit annually for evaluation and monitoring of prevention program by SAPB staff. Executive Director and agency outreach staff shall be available for the site visit, as requested by SAPB program staff. Agency staff will also be available for other site visits and/or conference calls as deemed necessary by SAPB Program staff.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Applicant shall describe the meetings, trainings and community advisory committee meetings their staff will attend (see section 2.B.1.b. (1) – (6).

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. COUNSELING, TESTING AND REFERRAL (CTR)

1. Descriptive Information

*Provide a detailed description of how this program will increase the use of HIV and HCV counseling and testing among high-risk individuals**, utilizing information in Section 2 as a guide.** In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b…).*

a. How will the program promote CTR to ensure that CTR services are accessed by individuals at-risk for HIV?

b. How will the program collaborate with CTR services offered by other agencies?
c. How will the program link identified at-risk individuals to other prevention services, and to which services will individuals be linked?
d. How will the program link HIV positive CTR clients to partner services (PS) and P4P services?
e. How will the program link HIV positive CTR clients to HIV medical care and care case management services?
f. How will the program link HCV positive CTR clients to care services?
g. How will the program conduct quality assurance related to their CTR program and certified counselors?

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for CTR. Progress on objectives will be determined using information collected by the contracted agency.

a. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) individuals in total.
b. Of the total number of clients tested for HIV, at least 80% will be from target at-risk populations (partners of HIV positive individuals, MSM/IDU, MSM, IDU, transgender at-risk, and women at-risk). (*This objective is non-negotiable*) *(number)*
c. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) sexual or needle sharing partners of individuals living with HIV.
d. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) MSM.
e. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) IDU.
f. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) women at risk.
g. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) transgender at-risk.
h. By the end of each fiscal year, 100% of all rapid test results will be returned to clients. (*This objective is non-negotiable.*)
i. By the end of each fiscal year, 100% of confirmatory test results will be returned to clients. (*This objective is non-negotiable.*)
j. By the end of each fiscal year, 100% of newly identified, confirmed HIV-positive clients will receive their test results. (*This objective is non-negotiable*.)

k. By the end of each fiscal year, 100% of newly identified, confirmed HIV-positive clients who receive their confirmatory test results will be referred to medical care. (*This objective is non-negotiable*.)

l. By the end of each fiscal year, at least (*number*) percent of newly identified, confirmed HIV-positive clients who receive their test results and get referred to medical care will attend their first appointment.

m. By end of each fiscal year, the contractor will provide HCV CTR to at least (*number*) individuals at risk.

n. By the end of each fiscal year, at least 75% of newly identified HCV antibody positive clients will receive their test results. (*This objective is non-negotiable.*)

o. By the end of each fiscal year, at least (*number*) percent of newly identified, confirmed hepatitis C clients who receive their test results will be referred to medical care.

p. By the end of each fiscal year, at least (*number*) percent of newly identified, confirmed hepatitis C clients who receive their test results and get referred to medical care will attend their first appointment.

B. HIV PREVENTION INTERVENTION FOR INDIVIDUALS WHO ARE HIV POSITIVE

1. Descriptive Information

Provide a detailed description of the intervention activities that will be implemented as part of P4P services, ***utilizing information in Section 2 as a guide.*** *In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b…).*

a. How will the agency **recruit HIV positive individuals** for this intervention, including through the agency's HIV care case management program (if applicable), through other programs provided by the agency (such as Outreach), and through venues outside of the agency?

b. Provide an **overview (description)** and protocol/procedures of the sessions and activities that will be provided in implementing this intervention, including descriptions of the activities during the initial and subsequent sessions?

c. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, key activities for each session, and other features of the intervention)?

d. Indicate **site(s)/physical setting(s)** at which the intervention will be implemented?

e. Describe how staff will **assess the success** of the intervention. This

could include measuring the frequency of unsafe sexual behaviors, needle-sharing behaviors, number of sexual partners, and progress using the Stages of Change framework.

f. How will it be determined that the **client should exit** from the intervention?

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for the proposed intervention. Progress on objectives will be determined using information collected by the contracted agency. (Applicant can use the following objectives as guide for writing the objectives for the intervention they propose for P4P)

a. By the end of each fiscal year, at least (*number*) HIV-positive individuals at risk for transmitting HIV will be enrolled in the P4P intervention.

b. By the end of each fiscal year, at least (*number*) percent of HIV-positive clients enrolled in the P4P intervention will complete all intended sessions for a multi-session P4P intervention.

c. By the end of each fiscal year (*number*) percent of the HIV-positive individuals enrolled in the P4P intervention will be from outside the contracted agency at the time of P4P enrollment. [*Note: This objective is intended to ensure that P4P services are also provided to and accessed by clients who are not already clients of the agency*

C. Outreach and recruitment to physicians and community agencies

1. Descriptive Information

Provide a detailed description of how this program will increase the use of outreach among high-risk individuals, ***utilizing information in Section 2 as a guide.***

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for outreach to physicians and community agencies. Progress on objectives will be determined using information collected by the contracted agency.

a. The number of outreach contacts to physicians and community agencies

b. The total number of P4P referrals by physicians and community agencies to the applicant.

D. OUTREACH

1. Descriptive Information

*Note that this section refers to **regular outreach**, i.e., outreach other than internet-based. (Internet outreach is covered in section D below.) Provide a detailed description of how this program will increase the use of outreach among high-risk individuals, **utilizing information in Section 2 as a guide.** In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b …).*

a. Which **priority populations** will you target for outreach?
b. Provide an **overview (description)** of the outreach intervention.
c. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, and other features of the intervention)?
d. Indicate **sites/physical settings** at which outreach and recruitment will be delivered. Include a list of PSEs where at-risk clients will be reached.
e. Describe the **protocol/ procedures** of the outreach intervention, including its activities.

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for outreach among high-risk individuals. Progress on objectives will be determined using information collected by the contracted agency.

a. The number of outreach contacts to be made with each target population (*e.g., by the end of each fiscal year, at least* (*number*) *outreach contacts will be made with MSM in PSEs*). Provide separate objectives for each of the target populations to receive this intervention.
b. The total number of condoms to be distributed to outreach contacts in outreach settings.

E. INTERNET OUTREACH

Descriptive Information

*Provide a detailed description of how this program will increase the use of internet outreach among high-risk individuals, **utilizing information in Section 2 as a guide.** In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b …)*

a. Which **priority populations** will you target with internet outreach?

b. Provide an **overview (description)** of the internet outreach intervention.
c. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, and other features of the intervention)?
d. Indicate **internet sites** at which internet outreach and recruitment will be delivered.
e. Describe the **overview** of the internet outreach intervention, including its activities.

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for outreach among high-risk individuals. Progress on objectives will be determined using information collected by the contracted agency.

a. The number of outreach contacts to be made with each target population (*e.g., by the end of each contract year, at least* (*number*) *internet outreach contacts will be made with MSM*). Provide separate objectives for each of the target populations.

F. OTHER INTERVENTIONS

Other interventions in this section address the following:

- Intervention Levels- such as IDI and IDG and
- Intervention Models- such as SISTA, IDI for high risk individuals, etc.

For *specific definitions for "Intervention Level" and "Intervention Model", consult the RFP Definitions (Attachment D)*

1. Descriptive Information

The worksheet below lists questions that must be addressed in your proposal. Provide responses to these questions for each population you will address in the proposal ***(exceptions are noted below).*** *If you are utilizing an intervention (e.g., IDI) for more than one population, a worksheet must be completed for each population of that intervention. Follow the format below and please* ***number each response as they are numbered below:***

a. Information about Your Community/Target Population

(1) Name **target population**.

(2) What are the **behaviors** that place this target population at increased risk for acquisition or transmission of HIV?
(3) What **factors** influence the above high-risk behaviors?
(4) Which **of those factors** are prioritized as most important and that will be addressed by your agency?

b. Selection of Intervention Level and Intervention Model

(1) Specify the **level of intervention** selected (ILI, IDG).
(2) Which **intervention model** was selected by your agency (such as SISTA, Healthy Relationship, etc)?
  (a) Name the intervention?
  (b) Why was this intervention selected?
  (c) How does it meet the needs of your community (related to target population selected and risk behaviors of that group)?
  (d) If a non-proven/non-researched intervention was selected, how will it better meet your community's needs?
(3) Identify the **theory and/or skills** that will be developed through your proposed intervention.
(4) Provide a **summary of the selected intervention**, including:
  (a) Core elements of the intervention;
  (b) Describe each intervention/ activity separately, such as duration and frequency of sessions, minimum number of sessions that will constitute completion of an intervention, and activities to be delivered during each session;
  (c) Other pertinent information.

c. Adaptation of Intervention

(Note: complete this section only if you plan to adapt an existing/ proven/researched intervention.)

(1) Specify the **activities and/or components** that you propose to adapt, and explain why this adaptation better meets the needs of your community or target population.
(2) What **data** supports your proposed changes?

2. Objectives

Progress on objectives will be determined using information collected by the contracted agency. The proposal must include objectives that reflect the information indicated below and should be similar in format to the examples below. ***Write each of the appropriate objectives separately, numbering each objective as it is numbered below:***

a. The number of clients that will be enrolled in the intervention (*e.g., by the end of each fiscal year, at least 25 MSM will enroll in the "Many Men, Many Voices"* IDG).

b. The number of clients that will complete the intervention (*e.g., by the end of each fiscal year, at least 20 MSM will complete all six sessions of the "Many Men, Many Voices"* IDG). Also, state this number as a proportion of the total number enrolled (*e.g., 80% (20/25) of the clients who enroll in the "Many Men, Many Voices"* IDG *will complete the intervention*).

G. INTEGRATION OF SERVICES THROUGH REFERRALS

1. Descriptive Information

Provide a detailed description of integration activities that will be implemented, ***utilizing information in Section 2 as a guide.*** *In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b…).*

a. Provide a description of HIV, STD and viral hepatitis level of integration activities and how they will be implemented;
b. Describe how you will provide program linkages to STD and viral hepatitis prevention services involving the priority populations;
c. Provide plans to collaborate with DOH partner agencies and the SAPB counselor/tester(s) and on your island to ensure linkages to hepatitis B testing and treatment, hepatitis A and B vaccinations for appropriate clients, and STD services;
d. Describe how you will link newly identified, confirmed HIV positive clients to HIV care services, incl. medical care and care case management.
e. Describe how you will coordinate HIV prevention and care services?

2. Objectives:

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for integrating STD and viral hepatitis services. Progress on objectives will be determined using information collected by the contracted agency. SAPB requires agencies to provide HIV, STD and viral hepatitis prevention services at one of the three levels of integration (See section 2). The intention is that individuals at-risk for acquiring or transmitting HIV be offered and provided access to these integrated and comprehensive services ideally onsite but at a minimum through referral. Integration is a core component of this RFP and the integration plan will constitute a significant portion of the applicant's score.

If the applicant is proposing to provide on-site STDs and /or hepatitis B

testing/hepatitis A and B immunizations from the beginning of the contract, then please fill out following objectives:

a. By the end of each fiscal year, the contractor will provide syphilis testing on-site to at least (*number*) individuals at risk for HIV.
b. By the end of each fiscal year, the contractor will provide gonorrhea testing on-site to at least (*number*) individuals at risk for HIV.
c. By the end of each fiscal year, the contractor will provide Chlamydia testing on-site to at least (*number*) individuals at risk for HIV.
d. By the end of each fiscal year, the contractor will provide hepatitis A and B immunization on-site to at least (*number*) individuals at risk for HIV.
e. By the end of each fiscal year, the contractor will provide hepatitis B testing on-site to at least (*number*) individuals at risk for HIV.
f. By the end of each fiscal year, the applicant will provide on-site services to at least (*number*) P4P clients for STD and/or hepatitis services.
g. By the end of each fiscal year, the applicant will provide on-site services to at least (*number*) sexual and drug using partners of P4P clients for STD and/or hepatitis
h. By the end of each fiscal year, the applicant will provide on-site services to at least (*number*) individuals at risk for STD and/or hepatitis services

If applicant proposes to provide referrals for STD services and /or hepatitis B testing/hepatitis A and B immunizations, please fill out the following objectives:

i. By the end of the fiscal year, the contractor will provide referral for syphilis testing to at least (*number*) individuals at risk for HIV.
j. By the end of the fiscal year, the contractor will provide referral for gonorrhea testing to at least (*number*) individuals at risk for HIV.
k. By the end of the fiscal year, the contractor will provide referral for Chlamydia testing to at least (*number*) individuals at risk for HIV.
l. By the end of each fiscal year, the contractor will provide hepatitis A and B immunization referral to at least (*number*) individuals at risk for HIV.
m. By the end of each fiscal year, the contractor will provide hepatitis B testing referral to at least (*number*) individuals at risk for HIV.
n. By the end of the fiscal year, the applicant will provide referral to at least (*number*) to P4P clients for STD and/or hepatitis services.
o. By the end of the fiscal year, the applicant will provide referral to at least (*number*) to the sexual and drug using partners of P4P clients for STD and/or hepatitis services
p. By end of fiscal year, the applicant will follow-up at least (*percent*) of clients who were referred.

r. By end of the fiscal year, the applicant will have at least (*number*) completed the referrals

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

SPO-H-205	Budget*
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification – Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases

Neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

*SPECIAL BUDGET INSTRUCTIONS:

On Budget Form SPO-H-205, the applicant shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment F: "Sample: Form SPO-H-205"*):

a. column "a" showing the total budget request. For each line, the figure in column "a" must be the sum of the figures in the other columns.
b. column "b" showing all proposed *direct program costs* funded under this RFP;
c. column "c" showing all proposed *administrative costs* funded under this RFP; and
d. additional column(s) showing any proposed expenditures under this RFP that cannot be categorized in columns "b" or "c".

For purposes of this RFP, "direct program costs" include wages and benefits of employees who directly provide services to clients, costs related to contractually required training and attendance at meetings for these employees, and the cost of materials and supplies used to provide contract

services directly to clients (these include the cost of buying HIV rapid testing kits, controls and supplies for testing to the dollar amount specified for this purpose). "Administrative costs" include depreciation, lease or rental of space or equipment, the costs of operating and maintaining facilities (including insurance, utilities, telecommunications, etc.,) and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting.

The applicant must also include a detailed, line by line narrative justification for all budget items proposed under this RFP. The justification must give a breakdown for each line item and demonstrate the bases on which costs were calculated (see *Attachment G: "Sample Narrative Budget Justification"*).

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- A copy of the Applicant's most recent financial audit.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4
Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories		**Possible Points**
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	55 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

- Experience delivering similar services.
- Quality of performance on previous contracts with the state purchasing agency (if any).

C. Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

D. Coordination of Services

- Demonstrated capability to coordinate services with other agencies and resources in the community.

E. Facilities

- Adequacy of facilities relative to the proposed services.

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. *Staffing*

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

B. *Project Organization*

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart**:** Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.
-

3. *Service Delivery (55 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

- Extent to which applicant responds to each of the questions/statements in "Descriptive Information" section of each intervention (i.e. CTR, PS, Outreach, IDI, etc.).
- Clarity and detail of "Descriptive information" provided by applicant for each of the sections
- Extent to which proposed objectives are reasonable and based on past performance of the applicant or other providers.
- Extent to which the proposed objectives represent a realistically maximal level of service provision to achieve the goals of the RFP, given the capacity, time and resources available.
- Clarity and detail of planned activities.
- Clarity in work assignments and responsibilities.
- Realism of the timelines and schedules, as applicable.

4. Financial (10 Points)

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- The budget fully supports the scope of service and requirements of the RFP.
- The Narrative Budget Justification adequately explains the basis for all costs and adequately justifies all costs.
- Administrative costs represent a reasonable and modest proportion of total costs.
- Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

Attachment A. **Competitive Proposal Application Checklist**

Attachment B. **Sample Proposal Table of Contents**

Attachment C. **Definitions of interventions and abbreviations**

Attachment D. **Screening Guidelines for Chlamydia**

Attachment E. **STDs Screening Guideline by Population**

Attachment F. **Viral Hepatitis Recommendation**

Attachment G **Rapid Testing Checklist**

Attachment H **Sample Form SPO-H-205**

Attachment I. **Sample Narrative Budget Justification**

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms ore on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	**X**	
Proposal Application Checklist	Section 1, RFP	Attachment A	**X**	
Table of Contents	Section 5, RFP	Section 5, RFP	**X**	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	**X**	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			**X**	
SPO-H-205	Section 3, RFP	SPO Website*	**X**	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	**X**	
SPO-H-206B	Section 3, RFP	SPO Website*	**X**	
SPO-H-206C	Section 3, RFP	SPO Website*	**X**	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	**X**	
SPO-H-206F	Section 3, RFP	SPO Website*	**X**	
SPO-H-206G	Section 3, RFP	SPO Website*	**X**	
SPO-H-206H	Section 3, RFP	SPO Website*	**X**	
SPO-H-206I	Section 3, RFP	SPO Website*	**X**	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Narrative Budget Justification		Section 5, RFP	**X**	

_____ _____
Authorized Signature Date

SPO-H (Rev. 4/08)

Proposal Application
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DEFINITIONS AND ABBREVIATIONS

RFP Definitions

I. Definitions related to Intervention Levels:

Intervention level indicates the broad intervention type being referred to such as: outreach, CTR, IDI, IDG, CLI, CRCS, and HC/PI.

Outreach[1] interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. The primary purpose of outreach activities should be targeted toward recruitment into a behavioral intervention or prevention program, as opposed to used primarily for condom distribution. Outreach also involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccinations and treatment, and to PHIP services. Outreach is also a term used to describe a method of delivering interventions such as IDI, CTR and CRCS, in which case it refers to the location and context in which the intervention takes place, not the type of intervention.

Internet Outreach Internet outreach is a virtual interaction between an STD/HIV prevention professional, such as an outreach worker, and a person or persons at risk for STDs, HIV or hepatitis for the purpose of providing STD/HIV or viral hepatitis related: health information and education, referral and access to services, recruitment for testing and treatment, and support for reducing risk behaviors.

HIV Counseling, Testing and Referral supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

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[1] ***Outreach vs. Interventions Delivered to Individuals****: Both outreach and IDI involved one-on-one contact, and since IDI are often provided in outreach settings, these are sometimes confused. Not all one-on-one outreach contacts are individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an individual-level intervention. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an individual-level intervention when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, IDIs, unlike outreach, are intended to be multiple session interventions.*

Interventions Delivered to Individuals [1] aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. IDI is a multiple session intervention with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her HIV transmission or infection risk. The intervention must include activities to build appropriate skills the client can use in reducing their risk. These interventions may be peer or non-peer based, and involve a wide range of activities, including skills building, information, and support, but focus directly on changing HIV risk-related behaviors. Interventions Delivered to Individuals may occur in an outreach or institutional (school, office, workplace, etc.) setting. Individual-level interventions also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

Interventions Delivered to Groups: aim to change individuals' behaviors through risk reduction interactions in group settings. In Interventions Delivered to Groups interaction takes place not only between individual participants and the health educator, but also *among* participants. Like Interventions Delivered to Individuals, Interventions Delivered to Groups includes a skills building component. Because of the interactive nature of these groups and the sharing involved, successful groups are often made up of individuals who are members of the same community and who face similar HIV prevention issues Interventions Delivered to Groups may use peer and non-peer models involving a wide range of skills, information, and support. Interventions Delivered to Groups do not include single session education presentations or lectures. Those activities are considered Health Communication/Public Information.

Community Level Interventions are a distinct class of programs characterized by their scope and objectives. Community level interventions are designed to reach a defined community rather than an individual. "Community" in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. Community level interventions involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention.

Comprehensive Risk Counseling Sessions (CRCS): is a more intensive intervention than IDI for individuals with multiple, complex problems that create barriers to reducing risk for transmitting or contracting HIV. CRCS is a hybrid of

HIV risk reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of CRCS must be to reducing HIV risk. CRCS is a multiple sessions intervention, with sessions lasting at least 30 minutes.

Health Communication/Public Information involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support of safe behavior, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. While public information often includes activities directed to the general public, priority should be given to efforts directed at hard-to-reach members of the focus population and subgroups covered by this RFP. Health communication/public information activities include print media (fliers, brochures, newspaper, posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures.

II. Definitions Related to Implementation of Specific Interventions

- **Intervention** is a specific program designed and developed to address risk behavior among target groups, such as MSM, IDU and TG. Examples of interventions are: Mpowerment, The SISTA Project, Healthy Relationships and CTR.

- **Adaptation** involves changes in who receives an intervention and where the intervention is delivered.

- **Core Elements** are critical features of an intervention that are thought to be responsible for its effectiveness. To ensure program effectiveness, they cannot be ignored, added to, or changed.

- **Evaluation** is the systemic collection of information to assess the extent to which a program or service has achieved its stated objectives or outcomes.

- **Evidence-Based Interventions** are interventions that have been tested using methodologically rigorous designs and have been shown to be effective in research or clinical settings.

- **Fidelity** is maintaining the core elements, protocols, procedures, and content that made the original intervention effective.

- **Formative Evaluation** is the process of collecting data that examine the needs of the population and their risk factors.

- **Interventions** are sets of related activities intended to change the knowledge, attitudes, beliefs, behaviors, or practices of individuals to reduce their health risk.

- **Key Characteristics** are crucial activities and delivery methods for conducting an intervention that can be adapted or tailored to meet the need of the target population.

- **Outcome Monitoring** is the process of collecting data about client outcomes before and after the intervention (e.g. knowledge, attitude, skills or behavior).

- **Process evaluation** is the process of collecting more detailed data about how the intervention was delivered, differences between the intended population and the population served, and access to the intervention.

- **Process Monitoring** is the process of collecting data that describes the characteristics of the population served, the services provided, and the resources used.

- **Sustainability** is the process of seeking and obtaining needed funds and resources, building staff and agency capacity, and building on collaborations to maintain a program or service.

- **Tailoring** involves changes in **when** it is delivered, **what** is addressed, and **how** the message is conveyed.

III. Interventions Related to Evaluation:

Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish–the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is "to decrease the transmission of HIV infection among MSM in Hawai'i."

Objectives are statements of what a program will do or achieve in order to reach the program's overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe a **process**, or an **outcome** of a program:

Process Objectives state what activities will be *conducted by program staff* in order to accomplish one or more of the program's outcome objectives. Each process objective must be accompanied by process evaluation activities.

Outcome[2] **Objectives** are the intended results of a program. Outcome objectives are phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Most outcome objectives specify a change in what members of the target population do or express after program participation. These changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program's stated goal.

Process Monitoring collects data describing the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: "*What services were delivered?"* and *"What population was served"* and *"What resources were used?"*

Process Evaluation examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions *"Was the intervention implemented as intended?"* and *"Did the intervention reach the intended audience?"* and *"What barriers did clients experience in accessing the intervention?"* Process evaluation activities should measure, at a minimum, progress on specific process objectives as well as how that information is being used for program improvement.

Outcomes Monitoring measures changes in clients' knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a "comparison group" of individuals who do not participate in the intervention so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: *"Did the expected outcomes occur?"* Outcomes monitoring activities should measure, at a minimum, progress on specific outcomes objectives and how that information is being used for program improvement.

Outcomes[2] **Evaluation** measures changes in clients' knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of individuals who do not participate in the intervention. The inclusion of a "comparison" group means that client changes can be attributed to

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[2] ***Outcomes*** *and* ***Impacts****: The terms "outcome" and "impact" are often used interchangeably or with opposite meanings. We will use "outcome" to refer to the immediate results of an intervention, and "impact" as the longer range results.* ***Outcomes*** *are the result of your intervention, while* ***impacts*** *are likely to be the results of many factors and not just a single intervention.* ***Impacts*** *in HIV prevention are often expressed as changes in the number of new HIV infections.*

the intervention. Outcomes evaluation answers: *"Did the intervention cause the expected outcomes?"*

Primary HIV Prevention

Primary prevention activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

These definitions are drawn from a number of sources, including: "Evaluating CDC-funded Health Department HIV Prevention Programs," August 2001; "CDC Announcement 99004: HIV Prevention Projects;" "Program Evaluation: A One Day Overview" course manual, San Francisco STD/HIV Prevention Training Center, 11/4/96, and "Using Evaluation for Program Improvement and Capacity Building," participant notebook, CDC/ORC Macro Training, Berkeley, CA, 3/25/02-3/26/02.

RFP ABBREVIATIONS

ADA	Americans with Disabilities Act
AEQ	AIDS Educators Quarterly Meeting
CAC	community advisory committee; a committee related to a specific focus population, made up of individuals representing that focus population, as well as prevention workers responsible for implementing HIV prevention efforts to that population. CACs provide a forum for the exchange of experiences and information among those knowledgeable about and responsible for implementing prevention programs, and well as providing recommendations and input into the community planning process.
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of individuals representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention.
CTR	counseling, testing and referral

DOH	Hawai`i Department of Health
FTE	full-time equivalent; one or more individuals working a cumulative total of 40 hours each week.
Gay MAP	Gay Men's AIDS Prevention; the CAC for MSM issues
GLI	group-level intervention
HIV	human immunodeficiency virus
IDU	injection drug user
ILI	individual-level intervention
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publically or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.
MSM/IDU	men who have sex with men AND inject drugs
P4P	Prevention for positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as "primary prevention for HIV infected persons" (PHIP)
PCM	prevention case management
PCRS	partner counseling and referral services
PHIP	Primary prevention for HIV infected persons. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as "prevention for positives" (P4P)
The Plan	The Comprehensive HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts. In this document, the CPG prioritizes the HIV prevention services to be provided and to whom they are to be provided.
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.

SAPB	STD/AIDS Prevention Branch of the Hawai`i Department of Health
STD	sexually transmitted disease
T-CAC	The CAC for TG issues
TG	Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.
WAC	Women at risk advisory committee; the CAC for women's issue

Screening Guidelines for *Chlamydia trachomatis*

	Female	
	Adolescent	Adults
American College of Preventive Medicine 2003	• Sexually active women with risk factors • Pregnant women with risk factors during their 1sttrimester of prenatal visit, re-screened during 3rd trimester • Risk factors: o New male sex partner or 2 or more partners during preceding yr o Inconsistent use of barrier contraception o History of prior STD o African-American race o Cervical ectopy o Mucopurulent discharge, suggestive of cervicitis	• Sexually active women with risk factors • Pregnant women with risk factors during their 1sttrimester of prenatal visit, re-screened during 3rd trimester • Risk factors: o Age ≤ 25 yo o New male sex partner or 2 or more partners during preceding yr o Inconsistent use of barrier contraception o History of prior STD o African-American race o Cervical ectopy o Mucopurulent discharge, suggestive of cervicitis
CDC STD Guideline 2006	• Screen all at –risk adolescents • STD screening without parental consent: ≥ 16 yo • Check local laws about HIV C/T, vaccination • High-risk: o < 15 yo and sexually active o MSM o Detention o Use illicit drug o Drug-using partners	• More than one sex partner • New sex partner(s) • History of STD • Sexually active and ≤ 25 yo • Male partners who have had sex with men (MSM) • Condoms used incorrectly and inconsistently • Pregnant or considering pregnancy
Region IX IPP, Chlamydial Clinical Guidelines 2003	• Screen all sexually active females at the first visit and annually thereafter • Re-screen all females 3-4 mo after treatment for Chlamydia • Test and presumptively treat females presenting syndromes associated with Chlamydia: mucopurulent cervicitis, pelvic inflammatory disease	• Screen all sexually active females ≤ 25 yo at the first visit and annually thereafter • Re-screen all females 3-4 mo after treatment for Chlamydia • Screen women > 25 yo individually based on risk factors • Test and presumptively treat females presenting syndromes associated with Chlamydia: mucopurulent cervicitis, pelvic inflammatory disease
U.S. Preventive Service Task Force 2007	• Sexually active women • Pregnant • Risk assessment: o Previous Chlamydial or other STD infection o New or multiple sexual partners o Inconsistent condom use o Sex work	• Sexually active women ≤ 24 yo or > 25 yo and at increased risk • Pregnant women ≤ 24 yo or > 25 yo and at increased risk • Risk assessment: o Previous Chlamydial or other STD infection o New or multiple sexual partners

	o African American and Hispanic have higher prevalence rates	o Inconsistent condom use o Sex work o African American and Hispanic have higher prevalence rates
	Male	
American College of Preventive Medicine	• Partners of women with positive tests	
CDC STD Guideline 2006	• No recommendation for routine screening of sexually active young men due to insufficient evidence • Screening of sexually active young men should be considered in clinical settings with a high prevalence of Chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics)	
Region IX IPP, Chlamydial Clinical Guidelines 2003	• No recommendations to guide asymptomatic Chlamydia infection screening for sexually active men due to lack of data • Screening sexually active males ≤ 25 yo at the initial exam could be considered • Test and treat males with syndromes associated with Chlamydia such as urethritis and epididymitis	
U.S. Preventive Services Task Force 2007	• No recommendation due to insufficient evidence	

Sources:

Center for Diseases Control and Prevention, Workowski KA, Berman SM. Sexually transmitted diseases treatment guidelines, 2006. MMWR Recomm Rep. 2006 Aug 4;55(RR-11);1-94.

Hollblad-Fadiman K, and Goldman SM. American College of Preventive Medicine Practice Policy Statement Screening for *Chlamydia trachomatis*. Am J Prev Med 2003;24(3):287-292.

Region IX IPP, Chlamydia Clinical Guidelines. 2003.

U.S. Preventive Services Task Force. Screening for Chlamydial infection: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med 2007 Jul 17;147(2):128-34.

Screening Guideline by Population. CDC STD Treatment Guideline, 2006

POPULATION	SCREENING CONSIDERATION
ADULTS	◇ More than one sex partner ◇ New sex partner(s) ◇ History of STD ◇ Sexually active and ≤ 25 yo ◇ Male partners who have had Sex with Men (MSM) ◇ Condoms used incorrectly and inconsistently ◇ Pregnant or considering pregnancy
PREGNANT WOMEN	◇ Screen all pregnant women first prenatal visit: HIV, STS, HBsAg, CT, GC, BV, PAP, HCVab ◇ Retest high-risk at 3rd trimester for: HIV, CT, GC and STS (at delivery) ◇ High-risk: - ≤25 yo with new partners or multiple partners, - Recent STD - Use Illicit drug - Drug-using partners
ADOLESCENT	◇ Screen all at-risk adolescents ◇ STD screening without parental consent: ≥ 14 yo ◇ Check local laws about HIV C/T, vaccination ◇ High-risk: - <15 yo and sexually active - MSM - Detention - Use illicit drug - Drug-using Partners
MSM	◇ Regardless of HIV status: - Annually: HIV; STS; urethral CT and GC; rectal and/or pharyngeal GC ◇ Retest high-risk every 3-6 mo ◇ High Risk: - Anonymous sex - Drug-using partners - Use of illicit drug use - Use of methamphetamine
WSW	◇ BV especially Metronidazole-resistant trichomoniasis ◇ HPV ◇ Genital infection with HSV-1
SEXUAL ASSAULT	◇ Initial examination: GC/CT from site of penetration or attempted penetration; culture or FDA cleared NAAT for either GC or CT; wet mount and culture of vaginal swab for T. vaginalis infection, BV and candidiasis; HIV, HBV, STS ◇ Follow-up at 3 and 6 months: HIV, STS

Viral Hepatitis Screening and Immunization Recommendations by Target Population

Population	Recommendation
Everyone who accesses HIV and/or STD services	• Hepatitis B immunization
Injection Drug Users	• Hepatitis A and B immunization • Hepatitis B and C testing
Non-injection Drug Users	• Hepatitis A and B immunization • Hepatitis C testing if ice user
Men who have sex with Men	• Hepatitis A and B immunization • Hepatitis B testing • Hepatitis C testing if into fisting or other anal play that may involve blood
People Living with HIV	• Hepatitis A and B immunization • Hepatitis B and C testing • Hepatitis B surface antibody testing
Transgenders	• Hepatitis A and B immunization • Hepatitis B and C testing
Persons with multiple sexual partners or a history of STDs	• Hepatitis B immunization
People with a history of incarceration	• Hepatitis B immunization • Hepatitis C testing
Persons with non-professional tattoos/piercings	• Hepatitis C testing
Anyone who has been exposed to blood, including blood transfusions < 1992	• Hepatitis C testing
Sexual partners of IDU or HCV+	• Hepatitis C testing
Persons living with hepatitis C	• Hepatitis A and B immunization • Hepatitis B testing
Persons living with hepatitis B	• Hepatitis A immunization • Hepatitis C testing
Persons born in countries in Asia, the Pacific Islands or Africa (>2% HBV)	• Hepatitis B testing • Hepatitis B immunization

Note hepatitis B testing is HBsAg and only needs to occur once if the person immune to hepatitis B (HBsAb).

Viral Hepatitis Screening and Immunization Recommendations by Service

Recommendation	Population
Hepatitis A immunization	• Men who have sex with men • Injection & non-injection drug users • Persons diagnosed with HIV • Transgenders • Persons with any type of chronic liver disease (hep B or C)
Hepatitis B immunization	• Injection drug users and their needle sharing or sex partners • Sexually active heterosexuals (>1 partner in prior 6 months, recently acquired STD) • Men who have sex with men • Sex contacts of people with chronic hepatitis B • Persons with chronic liver disease such as hepatitis C • Persons diagnosed with HIV • Transgenders *Note: the latest guidelines from the Centers for Disease Control and Prevention recommend hepatitis B vaccination to ALL clients who present for HIV or STD screening.*
Hepatitis A/B immunization	• Men who have sex with men • Injection & non-injection drug users • Persons diagnosed with HIV • Transgenders • Persons with any type of chronic liver disease (hep C)
Hepatitis B testing	• Men who have sex with men • Injection drug users • People born in countries with HBV prevalence >2% • People with unexplained liver disease • People living with HIV
Hepatitis C testing	• Ever injected drugs (**even once**) or hormones • Transfusions/organ transplants before 1992 • Healthcare or public safety workers after exposure to HCV-positive blood • History of non-professional tattooing or body piercing • History of multiple sex partners or STDs • Long-term steady sex partners of HCV-positive persons or IDU • Users of intranasal cocaine or other non-injection drugs Persons with history of exposure to blood

Rapid Testing Program Implementation
CHECKLIST

In order to become a HIV rapid testing site in Hawaii, the following steps must be completed and certain documents must have been reviewed and approved by your licensed clinical laboratory director or laboratory consultant (licensed medical technologist) and the Coordinator for HIV Counseling, Testing, and Referral (CTR) Program at the STD/AIDS Prevention Branch of the Hawaii State Department of Health (SABP).

PROGRAMMATIC

Create a written and comprehensive Protocols, Procedures, and Quality
Assurance Plan(s) for the testing site.

- **Within the manual, there should contain, sections on the following elements:**

Agency
CLIA compliance
Confidentiality
Personnel
Clinic logistical plan
Client-centered testing and counseling procedures
Preliminary positive confirmatory testing procedures
Bloodborne pathogen exposure control plan
Quality Assurance and Evaluation

❑ PERSONNEL

❑ **Identify experienced counselors for rapid testing counseling**

- Have they gone through State HIV CTR certification training? This is a requirement to do any type of HIV CTR in the State of Hawaii. It is recommended that test counselors who are not well practiced go through the certification training again.

Practice the Clinic flow/Logistical Plan

- This is a plan of what happens to a client when they arrive for rapid testing, and will be included in your Policies, Protocols, Procedures, and Quality Assurance Plan.
- Verify the process—walk through to see if clinic flow works as expected, *before* the first client arrives for testing.

❑ **Plan Confirmatory Testing Procedures**

- What is the procedure and protocol for confirmatory testing tests that are rapid reactive? The SAPB requires all confirmatory testing to be done with blood.
- Who is able to administer a confirmatory test? How will follow up be ensured so that client returns for confirmatory result? How will specimens be delivered to the lab?
- This will also be included in your Policies, Protocols, Procedures, and Quality Assurance Plan.

- It is recommended that experienced test counselors be able to do rapid testing. All current test counselors must go through *Single Session HIV Rapid Testing* training prior to start of providing raid HIV testing. Test counselors must show proficiency in administering the rapid test and interpreting the result in order to gain certification.
- How many HIV positive results have they given? Are they comfortable with giving a preliminary positive? Are they phlebotomy trained? Are they good about correctly and completely filling out paperwork? Can they perform partner elicitation?
- Each test counselor will have a personal file with documentation of all necessary trainings and certifications. In addition, all future trainings and evaluations will be kept in this file.

❑ Get test counselors trained and certified

- Attend *Single Session HIV Rapid Testing* training. State HIV CTR certification training (for conventional HIV CTR) is a prerequisite for *Single Session HIV Rapid Testing* training. Contact the Evaluation and Quality Assurance Coordinator for HIV CTR for more information.
- After test counselor has gone through proper training, have test counselor shadow experienced rapid testing counselors, then have test counselor conduct sessions on their own while being observed by a more experienced test counselors, *before* providing services themselves.
- If your agency is starting rapid HIV testing and have no experienced test counselors, please contact the Evaluation and Quality Assurance Coordinator for HIV CTR for more information.
- Make sure that proper documentation of training is on files with the SAPB before actual rapid HIV test counseling begins.

❑ Identify who is able to perform fingerstick and other phlebotomy services

- Submit the names and numbers for test counselors who have gone through an approved phlebotomy training including fingerstick training. Include training date and location.
- Your Quality Assurance Plan will have a section on how testing site will maintain and document phlebotomy skills of trained test counselors.
- Your agency should have a blood borne pathogen exposure plan on file with SAPB and on-site.

- ❑ **Identify who will actually run tests, and record time/temp/results**
  - If a test counselor is unable to perform either the counseling session or collect and run a sample specimen or both, these issues will need to be addressed in your protocols and procedures.
  - If a test counselor fails proficiency to administer the rapid test, s/he must be retrained AND approved by the site lab director to perform rapid testing. This involves reading the package insert for the OraQuick *Advance*, successfully running a set of three controls, and being observed by the lab director.

- ❑ **Ensure that all staff/counselors are trained and familiarized with necessary forms (PEMS, lab slips, PCRS elicitation form, and other applicable paper work).**
  - If no trainings are being offered or refresher training is warranted, contact the Evaluation and Quality Assurance Coordinator for HIV CTR to schedule a training for your agency.

- ❑ **Determine what counselor support/debriefing activities will be available.**
  - Protocols and procedures will address what support/debriefing will be provided to test counselors.
  - What plans are in place for a test counselor who gives a preliminary positive result? For example, some sites have a policy that a counselor who provides a preliminary positive result has their schedule cleared for the rest of the day so they can complete paperwork and receive whatever support they need, rather than risking having to provide another preliminary positive later in the day.

LABORATORY

- ❑ **Establish that a valid CLIA certificate of waiver is on-site**
  - Sites that are doing rapid testing will need to apply for a CLIA waiver of certificate (Federal) as well as a CLIA permit (State).
  - Applications are available from Susan Naka through the Office of Health Care Assurance.
  - Provide a copy of the certificate and permit to the SAPB when received.

- ❑ **Establish a system for monitoring inventory of test kits/controls/lancets, etc.**
  - Who will maintain stock and order supplies when needed?
  - Who will monitor expiration dates (i.e. make sure older items are used first and make sure that expired tests are disposed of properly)?
  - How will test kits be tracked/accounted for?
  - Templates of required reports are available from the Evaluation and Quality Assurance Coordinator for HIV CTR.

- ❑ **Establish a system for storing test kits and controls**
  - Is a secure storage space available?
  - Is the temperature controlled in the storage area?
  - Test kits must be stored at 35 – 80 degrees Fahrenheit; controls must be stored at 35 – 46 degrees Fahrenheit.
  - Who will monitor the storage temperature and how often?
  - How will daily temperature readings be recorded? A temperature log template is available from the Evaluation and Quality Assurance for HIV CTR.

- ❑ **Establish a system for running external controls**
  - This should be included in your Policies, Procedures, and Quality Assurance Plan.
  - In addition to the required times, how often will controls be run?
  - Who will be responsible for running controls and documenting correctly on the control log?
  - Who will QA the external control log before sending to the SAPB at the end of each month? How often will the log be QA'd?

- ❑ **Obtain additional required testing equipment/supplies**
  - Who will pick-up equipment/supplies and ensure proper storage and handling during shipment.
  - Supplies include testing technology, control kits, PEMS forms, and laboratory slips.
  - Contact the Evaluation and Quality Assurance Coordinator to order rapid HIV testing technology.

- ❑ **Obtain phlebotomy equipment and supplies**
  - Confirmatory specimens must be collected in a vacutainer (solid red-top) at least half full or 5 mls.
  - Lancets, gloves, cotton swabs, band-aids, and any other necessary supplies will be the responsibility of the testing site.

SAFETY

- ❑ **Ensure that a Bloodborne Pathogens Exposure Control Plan is in place on-site**
  - The STD Clinic at Diamond Head Health Center has one. Contact the Evaluation and Quality Assurance Coordinator for HIV CTR for more details if you will need to create a new plan from scratch.

- ❑ **Make appropriate personal protective equipment such as gowns and gloves available on-site.**
  - You're Protocols, Procedures, and Quality Assurance Plan will address this issue about the need to wear such protective equipment during rapid testing.

- ❑ **Establish a system for post exposure prophylaxis (PEP)**
  - Your Protocols, Procedures, and Quality Assurance Plan will include information on who will be providing this service.

- ❑ **Ensure proper sharps, biohazard, and medical waste disposal is available**
  - Your Protocols, Procedures, and Quality Assurance Plan will describe how your test site will dispose of sharps, biohazard and medical waste.

FORMS *DO YOU HAVE THE FOLLOWING NECESSARY FORMS?*

- ❑ Laboratory Slip
- ❑ Program Evaluation Monitoring System (PEMS)
- ❑ Storage Temperature Log
- ❑ External Quality Control Log
- ❑ Test Kit Inventory Log
- ❑ HIV Testing Laboratory Log
- ❑ Monthly Testing Summary Sheets
- ❑ Partner Elicitation Forms
- ❑ Counselor/Tester Evaluation Forms

For more information, contact:

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808-733-9015 (fax)

BUDGET

(Period _____ to _____)

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	70,250			
2. Payroll Taxes & Assessments	7,643			
3. Fringe Benefits	11,451			
TOTAL PERSONNEL COST	**89,344**			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	500			
2. Airfare, Out-of-State	800			
3. Audit Services	500			
4. Contractual Services - Administrative	900			
5. Contractual Services - Subcontracts	900			
6. Insurance	2,000			
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage	400			
11. Postage, Freight & Delivery	200			
12. Publication & Printing	100			
13. Repair & Maintenance	200			
14. Staff Training	100			
15. Substance/Per Diem	1,200			
16. Supplies	1,000			
17. Telecommunication	1,200			
18. Transportation	215			
19. Utilities	3,000			
20				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	**13,215**			
C. EQUIPMENT PURCHASES	500			
D. MOTOR VEHICLE PURCHASES	9,750			
TOTAL (A+B+C+D)	**$112,809**			

SOURCES OF FUNDING	
(a) Budget Request	$112,809
(b) Funds Raised	
(c) Program Income	
(d)	
TOTAL REVENUE	**$112,809**

Budget Prepared By:

Joe E. Hawai'i — 999-9999

Name (Please type or print) — Phone

02/14/97

Signature of Authorized Official — Date

Dee B. Boss, Executive Director

Name and Title (Please type or print)

For State Agency Use Only

Signature of Reviewer — Date

SAMPLE: NARRATIVE BUDGET JUSTIFICATION

2005 HIV Prevention Budget and Justification

I. PERSONNEL **$502,500**

Request includes 16 previously funded positions.

A. Disease Intervention Specialists (DIS)
8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4), (Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O`ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai‘i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides of the island -- Hilo and Kona; and one half-time position for the island of Kaua’i.

B. Clerk Stenographer 0.50 FTE

(Employee 10)
This position is under the DOH and will be housed on O`ahu. 50% of the position is charged to this budget. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

C. Public Health Educator IV
4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O`ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

II.	**FRINGE BENEFITS**	27.17% x $502,50	$136,529
	TOTAL PERSONNEL COSTS		**$639,029**
III.	**TRAVEL**		**$44,880**

A. In-state Travel $18,100
1. Interisland Travel $15,700

a. Counseling and Testing $2,530

This amount is necessary for the four neighbor island disease intervention specialists to travel to O`ahu for the annual staff meeting and training. The costs of the meetings include $300 ($74 per person x 4 people) air fare; per diem costs of $160 ($40 per day

x 4 people); car rental costs of $40; and airport parking fees of $40 ($10 per day x 4 people).

Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include $150 ($74 per person X 2 trips) airfare; per diem costs of $720 ($80 per day X 9 days); car rental costs of $360 ($40 per day X 9 days); and airport parking fees of $100 ($10 per day X 10 days).

b. Community Planning $13,170

This amount is necessary for the neighbor island community planning group representatives to travel to O`ahu to attend Community Planning Group (CPG) and CPG committee meetings. The costs of the meetings include $6,660 ($74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O`ahu for a total of 45 meetings.

2. Mileage $2,400

Travel costs are also necessary for the 4 public health educators on O`ahu for use of their personal car for travel to various AIDS prevention activities. The estimated cost is $2,400 ($50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is $200 ($17 per month X 12 months).

IV. SUPPLIES $94,000

A. ELISA Kits (serum) $50,400
$3.00 per test X 16,800

This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is $50,400. (16,800 tests X $3.00/test)

B. Reagents and Laboratory Supplies $5,500
($25 per test X 220 tests)

This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

C. Other Counseling and Testing Supplies $17,500

1. Laboratory Forms $8,250

11,000 forms X $.75 per form

2. Paper Supplies and Printing Costs $1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies $8,250

This amount is necessary to purchase vacutainers, needles, needle holders, bandaids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at $0.75 per patient.

D. HIV Antibody Counseling and Testing Supplies (oral) $13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits
1,620 tests X $4.00 per test = $6,480

OraSure oral specimen
collection device 1,350 X $3.60 = $4,860

Reagents and other
laboratory supplies $2,060

E. Educational Supplies $7,200

Educational supplies such as pamphlets are an integral part of the AIDS health education program. The pamphlets are distributed to Hawai`i residents on all islands.

20,000 pamphlets @ $0.36 $7,200